

James Barlow



A N
E N Q U I R Y

INTO THE
MERITS of the OPERATIONS
USED IN OBSTINATE
SUPPRESSIONS OF URINE.

By ALEXANDER REID, of CHELSEA,
S U R G E O N.

With the Answer of several HOSPITAL SUR-
GEONS, to a QUESTION, concerning

T H E
PUNCTURE IN PERINÆO.

To which is added,

A Letter, dated January 20, 1778, from Monsieur
FLURANT, Surgeon to the *Hôpital de la Charité*,
at LYONS, relating to the Success of the Puncture
through the *Rectum*, with the Description of a new
Instrument for that Purpose.

EXPERIENTIA DOCET.

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ENQUIRY

INTO THE

MERITS OF THE OPERATIONS

USED IN GONORRHOEA

SUPPRESSIONS OF URINE

BY ALEXANDER LEITCH, OF GLASGOW

LONDON

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To which is added

A plan, first published by J. JOHNSON, ST. PAUL'S CHURCH-YARD

of the manner of performing the operation of

excision, in the case of the stricture of the urethra

in the female sex, as described by J. JOHNSON, ST. PAUL'S CHURCH-YARD

LONDON

1825

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Printed by J. JOHNSON, ST. PAUL'S CHURCH-YARD

THE
PUNCTURE
THROUGH THE
RECTUM
INTO THE
BLADDER
RECOMMENDED.

THE different methods recommended and described by Surgeons to relieve persons labouring under that terrible and too often fatal disease a Suppression of Urine, when the Catheter cannot be introduced, are in this pamphlet brought together, compared, and laid before Surgeons, that upon consideration of their respective merits, they may make choice of that which is best adapted to their patient's relief, and their capacities to execute; and in a complaint so frequent,

B a clear,

a clear, comprehensive, and concise view of these resources, I imagine, will be of great utility to the public, as well as to gentlemen of the chirurgical profession.

The Puncture above the *Os Pubis*, and *three* ways of doing that operation, commonly called the Puncture *in Perinaeo*, are described by Mr. S. SHARP; besides which, there is a fifth method not hitherto much practised or known in BRITAIN, which is making a Puncture through the *Rectum* into the Bladder *per Anum*; and whenever it has been necessary to relieve the patient by any of the operations in use, (because the *Catheter* could not be introduced;) the performance of it has been esteemed of consequence enough to require the most adroit and skilful operators, particularly *Lithotomists*. The introduction therefore of a simple easy method which may be performed by almost any Surgeon, and which never fails to relieve and cure the patient when it is performed in time, is an improvement in surgery, of very great

great importance to the public, and such I trust will appear in the course of this pamphlet, wherein the operations heretofore practised and recommended on these occasions will be demonstrated to be difficult, uncertain, and even dangerous in many cases, and the Puncture *per Anum* always easy, safe, and effectual.

The last mentioned method was first thought of and practised by Monsieur FLURANT, chief Surgeon to the *Hôpital de la Charité* at *Lyons*, in 1750, an account of which was given, and of two subsequent similar operations, one in 1752, and the other in 1757, (performed by him) in a memoir published by Dr. POUTEAU, 1760, in his *Mélanges de Chirurgie*. And his inducement thereto, together with his objections to the other operations shall be here given in his own words. “ The place in which we most
“ commonly make a Puncture of the
“ Bladder is in the lower part near its
“ neck, to which we get through the
“ *Perinæum* by the help of a *Trocar*,
B 2 “ longer

“ longer than that we make use of for
 “ the *Paracetesis*. The *Canula* of
 “ which has a groove, along which we
 “ push a bistoury quite into the Blad-
 “ der to make an incision through the
 “ skin, and the *musculus transversalis*,
 “ and the Bladder; and by these means
 “ make room to put in a silver *Canula*,
 “ which we confine, &c. &c.

“ It is evident from this short account
 “ of the performance of this operation,
 “ that it is not one of the *most* simple
 “ in surgery; for 1st, We may miss the
 “ Bladder, the rather because it is sub-
 “ ject to many variations of its form,
 “ and that it too frequently happens that
 “ a Surgeon does not remember its po-
 “ sition and figure; 2dly, The second
 “ operation (I mean the incision) is a
 “ kind of demy-lithotomy; so that this
 “ method from its *uncertainty*, the *pain*
 “ and *length of time in curing*, stands
 “ in great need of being changed or
 “ made easier.---Without doubt there is
 “ another part of the Bladder which
 “ offers itself, plainer to be discovered;
 “ where

“ where there are fewer parts to pene-
 “ trate, and where one may perceive its
 “ prominency, I mean above the *Os*
 “ *Pubis*; but then how are we to keep
 “ in the *Canula* after the Puncture?
 “ It is absolutely impossible to confine
 “ one that is strait, like those of the
 “ common Trocars, because the Blad-
 “ der emptying itself, contracts, sinks
 “ down, and is totally inclosed in the
 “ Pelvis; this causes it to quit the *Ca-*
 “ *nula*, which then becomes useless.

“ These difficulties gave rise to the
 “ happy thought of a *Trocar*, which
 “ should have a *Canula* to it, of a cur-
 “ vature capable of going under the pos-
 “ terior part of the *Os Pubis*, and pre-
 “ venting the Bladder from leaving it
 “ on its contraction; we must acknow-
 “ ledge that this method is more simple
 “ than the Puncture in *Perinaeo*, but
 “ has it such perfection that we should
 “ put a stop to our attentions and en-
 “ quiries? It appears to me not to carry
 “ with it that degree of certainty as to
 “ assure us of success, and my opinion

“ has been always founded on the im-
 “ possibility of keeping the *Canula* in
 “ the Bladder.

“ But to be more certain, and not
 “ having an opportunity at that time of
 “ performing an operation on the liv-
 “ ing, I made my experiments on a dead
 “ body. After having filled the Blad-
 “ der with water, I plunged in a
 “ crooked *Trocar*, through the *Ca-*
 “ *nula* of which great part of the wa-
 “ ter was evacuated. I say GREAT
 “ PART, *because what was at the bottom*
 “ *of the Bladder could not come out in*
 “ *that manner.* I then opened the *Ab-*
 “ *domen*, and found the Bladder, if not
 “ contracted, at least sunk down, and
 “ retaining within it only a small por-
 “ tion of the *Canula* which came out
 “ entirely on shaking, and giving a lit-
 “ tle motion to the body. I have on a re-
 “ petition of these experiments found it
 “ was always the same, and from thence
 “ I concluded this method inadequate ;
 “ for besides the contraction of the
 “ Bladder, being much greater in the
 “ living,

“ living, the least change of situation
 “ also will expose the patient to the in-
 “ conveniency of the *Canula* slipping
 “ out of the Bladder, and we are in-
 “ dispensibly obliged to move him in
 “ order that the urine contained therein
 “ may be entirely evacuated ; for, if
 “ the patient does not incline on one
 “ side, or lie upon his belly, the evacu-
 “ ation cannot be complete ; and how
 “ can he do this and recover his former
 “ situation, without displacing the *Canu-*
 “ *la* ? And should it be said that it is
 “ sufficient to discharge only a part of
 “ the urine, it is necessary to observe,
 “ that the remaining part will certainly
 “ become more acrid, and continue to
 “ keep up the inflammation of the *Ure-*
 “ *thra*, generally the cause of these sup-
 “ pressions.

“ These difficulties I had perceived
 “ long before I had made the trials be-
 “ fore-mentioned, and they occasioned
 “ my performing the operation (the
 “ method of which I shall shew in the

“ following observation) which makes
 “ the essential subject of this memoir.

“ In the month of April, 1750, I had
 “ under my care in the *Hôtel de la Charité*
 “ a man about 70 or 72 years old, af-
 “ flicted with a most obstinate Ischury,
 “ to which the *Catheter* could give no
 “ relief, so considerable was the obstacle
 “ to its admission, on account of the
 “ thickening of the spungy membrane
 “ of the *Urethra*; I intended making
 “ the Puncture in *Perinæo*, and for
 “ that purpose I introduced my fore-
 “ finger into the *Anus*, to examine the
 “ state of the bladder, which I found so
 “ prominent in that place, and so much
 “ within the reach of my instrument,
 “ that I imagined I should run no
 “ risque if I made the puncture there;
 “ a moment's reflection on the parts
 “ which were to be wounded, satisfied
 “ me I should meet with no danger.
 “ The *Rectum* and the anterior part of
 “ the Bladder (said I) may receive such
 “ a small wound as that of a *Trocar*
 “ without injury, and I saw no impos-
 “ sibility

" sibility of its re-union ; I pushed then
 " a *Trocar* quite into the Bladder, di-
 " rected by my finger to that place
 " where the prominency was most re-
 " markable, and I drew out to the last
 " drop, a brown, foetid, and somewhat
 " bloody urine, such as we find after a
 " long retention, this having continued
 " more than two days. The difficulty
 " was how to keep in the *Canula* ; I had
 " made use of such a *Trocar* as we per-
 " form the *Paracentesis* with, but it was
 " too long, and the broad end (or
 " shoulder) of the *Canula* of the *Trocar*
 " was very troublesome, and could not
 " be fastened by a string ; however, I
 " contrived to fix the *Trocar* within the
 " Anus, and to keep it there by means
 " of thick compresses, and the T ban-
 " dage ; perhaps some may think I
 " ought to have preferred the great
 " *Trocar*, which serves for the Puncture
 " in *Perinaeo* ; such as Mr. FOUBERT
 " uses in *Lithotomy*, which I had ready
 " at hand, but being on the point of
 " using it, I judged it too large, and at
 " the

“ the same time thought that some of
 “ the urine might slide along the groove
 “ of the Canula, and dripping in be-
 “ tween the Bladder and the *Rectum*
 “ corrupt, and bring on a deplorable
 “ disease in the cellular membrane
 “ between these two parts.
 “ The greatest inconveniency attend-
 “ ing this operation which I performed,
 “ was the discharge of the *fæces*. For-
 “ tunately the patient had taken very
 “ little solid food since the beginning of
 “ his illness; and the Clysters which
 “ had not been spared, had sufficiently
 “ emptied the intestines. I desired the
 “ patient, nevertheless, to let me know
 “ in case of necessity, which happened
 “ the next day. I had the patience then
 “ to hold the *Canula*, moving it as little as
 “ possible from the *Anus*, and I restored
 “ it to its former position when the
 “ *fæces* were discharged. This circum-
 “ stance induced me to keep the patient
 “ to a strict diet, which however was
 “ necessary for no longer a time than
 “ three or four days; after which the
 “ urine

“ urine resumed its natural course
 “ through the *Urethra*. I withdrew the
 “ *Canula*, and could not perceive any
 “ urine come that way; the patient
 “ was perfectly cured, and had no re-
 “ turn of the disease during many
 “ months that he survived.”

MONSIEUR FLURANT's success in this first operation determined him to adopt this method, yet it was not till two years after that he had an opportunity of putting it in practice; but though he evacuated all the urine by it, the patient on whom it was performed died; not from the prejudice the parts received in the operation, or the necessary consequences, but from the state the parts were previously in. However, he found by this operation it was necessary to make an alteration in the instrument he used, and upon a third patient in the year 1757, it answered his most sanguine expectations, the patient perfectly recovering in a very short time. After these trials MONSIEUR FLURANT obviates the objections made against the performance

performance of this operation, on account of the parts suspected to be wounded upon this occasion, in the following words.

“ One of the principal rules in the
 “ art of operating, is to have regard to
 “ the neighbouring parts which we
 “ operate upon ; some there are, which
 “ if we should wound it would be of
 “ no consequence ; others, the wound-
 “ ing of which would be mortal, and
 “ of which the danger is immedi-
 “ ately evident. But there are also some
 “ which are apparently without dan-
 “ ger, and although wounded do not
 “ hinder us from attaining the end of
 “ our operation, and where conse-
 “ quences do not discover themselves till
 “ afterwards, either by the difficulty
 “ of absolutely terminating the dis-
 “ ease, or by the depravation of some
 “ function of which they are the
 “ organs. Of this last kind in this
 “ operation we may reckon the *Vesi-*
 “ *culæ Seminales*, which we know are
 “ situated in the inferior part of the
 “ Bladder,

“ Bladder, in the place of its union
 “ with the *Rectum*, in such manner that
 “ we may wound them but too easily
 “ in pushing the *Trocar* into the Blad-
 “ der; perhaps the inconveniency might
 “ not be great; it is possible that all the
 “ openings might close again, and the
 “ fluids continue their natural course;
 “ but it might likewise happen, that the
 “ introduction of some of the urine
 “ might produce accidents; the *Semen*
 “ too might escape for some time, con-
 “ sequently to avoid them, will be ad-
 “ ding some degree of perfection to this
 “ operation; and it may be done by ob-
 “ serving to introduce the fore-finger as
 “ far as possible into the *Anus*, and ex-
 “ actly in the middle, which should
 “ serve as a director, for then we touch
 “ the Bladder beyond the *Vesiculæ*; and
 “ we should conduct the *Trocar* quite
 “ to the end of the finger; to me it also
 “ seems proper, in introducing the in-
 “ strument, to withdraw the piercer so
 “ far as that the point is entirely hid
 “ in the *Canula*; because then we are
 “ certain

“ certain not to wound the intestine in
 “ the passage. I had likewise the pre-
 “ caution not to push the handle of the
 “ *Trocar* before it arrived at the Blad-
 “ der. For this purpose I held the instru-
 “ ment in such a manner, that having the
 “ handle in my hand, I let the blade pass
 “ between the fore and ring fingers, which
 “ together with the thumb served to guide
 “ it; with the other fingers and the
 “ palm of the hand I pushed the instru-
 “ ment forward, which we should
 “ make enter with the *Canula*, at least
 “ seven or eight lines, that it should
 “ not be liable to slip out of the Blad-
 “ der too easily. In respect to the parts
 “ which suffer in this operation, there
 “ is no reason to apprehend that such a
 “ small wound can be of consequence,
 “ and we have got rid of the fears we
 “ were a long time under of meddling
 “ with membraneous parts; besides the
 “ place where the operation is perform-
 “ ed, in both the *Rectum* and Bladder,
 “ begins to thicken and grow more
 “ fleshy as we approach the *Sphincter*,
 “ where

“ where the muscular fibres re-unite
 “ themselves in a greater number. We
 “ likewise run no danger of a *Hæmor-*
 “ *rhage*, notwithstanding the numerous
 “ distribution of the *Hæmorrhoidal* ar-
 “ teries, which are about the extremity
 “ of the Intestine, as these Vessels follow
 “ the *Miso-rectum* which is in the pos-
 “ terior part; so that as the operation
 “ is performed in the anterior, we meet
 “ only with ramifications, which are
 “ but of small consequence. There is
 “ nothing farther to direct after the
 “ operation, but to take care the *Canula*
 “ is fixed in so securely, as not to slip out
 “ of the Bladder, till the urine has re-
 “ sumed the natural course; and we
 “ must enjoin the patient to hold it
 “ when he goes to stool, which is
 “ the more necessary, as he is obliged at
 “ that time to remove a part of the ban-
 “ dage which keeps it in.”

This memoir of Monsieur FLURANT
 appeared to me so demonstrative of the
 merits of this operation, that I ventured
 to recommend the practice of it in the
 second

second edition of *Mibles's Surgery*, revised and published by me, 1764, in the following words. "As this operation
 "is extremely simple and easy, and there
 "are often opportunities of trying it,
 "where the *Catheter* cannot be introduced, and the danger is pressing,
 "the *Punctures in Perinæo*, or above the
 "*Os Pubis*, too difficult for the operator, or the patient an improper subject, either on account of corpulency
 "or other reasons; it will be certainly
 "right to try it, as there can be no immediate danger; and to save life, the
 "inconveniency of a fistula is nothing,
 "*supposing* that to be the consequence;
 "if on the other hand experience
 "proves it to be safe and effectual, it
 "will be a very important improvement in the art of surgery, as it may
 "be practised without any difficulty by
 "almost any person." Notwithstanding which we have had no account given to the public of a trial of this operation, till Dr. HAMILTON of *Lynn Regis* sent a relation to the ROYAL SOCIETY of his

his performing it with success; of which here follows an abridgment. --- *James Wilkinson*, about 31, was visited by Dr. HAMILTON on the 25th of *March*, 1774, on account of a Suppression of Urine which had then continued three days; and as he could get no relief by medicines and external applications, and the *Catheter* could not be introduced, it was judged proper by the Doctor, and also by the two Surgeons who attended him, to empty the Bladder by some operation, and being informed by his mother that when she attempted to introduce the Clyster-pipe, she met with an obstruction in the *Anus*; the Doctor on examination found it to be the Bladder, which was enormously distended, and there pressed downwards towards the *Anus*, as well as upwards into the *Abdomen*; and the Doctor not much approving of any of the methods of emptying the Bladder recommended in such cases by the best *Chirurgical Writers*; neither the operation above the *Os Pubis*, nor the Puncture in *Perinæo*; and conceiving that discharging

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the

the Urine by a Puncture into the Bladder, made by a Trocar introduced into the *Anus*, would be more simple, easy and safe than any he had heard of; that only the *Rectum*, the Bladder, and intervening cellular membrane (then all pressed together) were the parts to be wounded; and that the finger could guide the perforator to the very part where he intended to make a Puncture: He proposed it to the Surgeons, who agreed with him in opinion, and the Puncture was accordingly made by him; upon withdrawing the Perforator, a straight *Catheter* was introduced through the *Canula* of the *Trocar* into the Bladder, which remained there till the Urine was drawn off, and before it was withdrawn search was made for a suspected stone, but none found. It was then taken out, and the patient put to bed, where, with the assistance of an Opiate, he had a very good night, and made water five or six times through the aperture perforated by the *Trocar*, but discharged none by the *Urethra*; this relation of the patient's power of retention
and

and évacuation not satisfying the Doctor [*who seems to have had his doubts about it*] he desired him to make water *per Anum* in his presence, and was witness to this curious and extraordinary power; which continued till all the Urine came away by the natural passage, upon the obstruction therein being removed by the use of Bougies. In about eleven days this Puncture through the *Rectum* into the Bladder was perfectly cured. Thus finished this operation *successfully*, and the Doctor assures us it arose entirely from his own conception, having never read or heard of Monsieur FLURANT's operations.

Such is Dr. HAMILTON's relation (to the Royal Society,) and it appears to me, that independent of his assuring the public that he had never heard or read of Monsieur FLURANT's operations, his narrative carries with it strong reasons to believe that he performed his operation entirely from his own opinion. For we find no mention of any intention to keep the *Canula* in, to convey away the Urine safely out of the Bladder, till the infla-

mation was gone off, and the obstruction so removed, that it would flow freely through the *Urethra*, which (if he had read or been informed of Monsieur FLURANT's operations) he must have thought necessary. Had not then the threatening accidents attending inflammations in that part, and the obstructions to the passage of the Urine by the *Urethra* very soon been removed; or had the orifices in the *Rectum* and Bladder become so contracted or united as not to admit of the urine passing that way: THEN, the operation would have proved only a short temporary relief, and perhaps could, or would not have been performed again, and the patient must have died. On the other hand, if the Urine had continually dribbled through the orifices, the dangers arising from its passage in such a place, would most probably have established the fears and apprehensions of those who consider it as likely to produce a *Fistula*, or Sloughs in the Cellular Membrane between the Bladder and *Rectum*; and a perpetual incontinence of Urine.

How

How fortunate therefore, and as it appears from Dr. HAMILTON's letter, how *unexpected* was the ability of the patient to retain his Urine and void it occasionally? So contrary to Monsieur FLURANT's account of his third operation, where (he says) the patient was exceedingly distressed at the Urine CONTINUALLY coming from him; though it passed through a *Canula*, and the parts were consequently guarded from any bad effects which might arise from its acrimony. Had Dr. HAMILTON then read or been informed of Monsieur FLURANT's operations, he certainly would have concluded, that supposing the operation to succeed so as to evacuate all the urine, and thereby *at that time* relieve the patient from the pressing danger attending its retention; yet still it would be requisite to keep open the orifices, and discharge the Urine by a *Canula* properly secured, till the obstruction to its natural passage was removed, and it had resumed its course, so as to be all discharged, though slowly and by a small stream. And this

appears to have been the opinion of * that gentleman, who performed this operation in an hospital upon a youth of 19, where the string broke that secured the *Canula* and it came out.---*But it was not* Dr. HAMILTON's. Nevertheless there is merit certainly from the publication of the performance of a successful and almost unknown operation, though he very modestly and properly declines *that* of being the first discoverer.

The publication of this letter, however, occasioned some remarks in the Gentleman's Magazine †, whereby we were informed that the *Vesiculæ Seminales* had been wounded in an operation of this kind, performed in a great hospital by a very skilful Surgeon and great Anatomist; and that such an accident ought to deter practitioners from having recourse to it, when the Bladder might be so easily and safely perforated above the *Os Pubis*, or from the *Perinæum*. This pro-

* See p. 38, of this printed pamphlet.

† Gentleman's Magazine, 1777, p. 267.

duced from the author of this pamphlet the observation *, that *if the Vesiculæ Seminales* were divided in one instance, that ought not to be deemed a sufficient motive to *discard or discountenance* an operation, which was less difficult and dangerous than either a Puncture above the *Os Pubis*, or in *Perinæo*.

A controversy ensuing, which was carried on for some months in the *Gentleman's Magazine*, occasioned the author to consult some of the most eminent and experienced Surgeons in this metropolis, concerning the frequency, ease and safety of a Puncture in *Perinæo*, the authority of Mr. S. SHARP'S opinion of it being opposed by that of the present Dr. A. MONRO, who is asserted to have taught in his lectures, that a Puncture might be made through the *Perinæum* into the Bladder, between the *Prostate Gland*, and the insertion of the *Ureter* without any difficulty: *Nay, (he further adds) this operation is so EASY, that it may be per-*

* Gentleman's Magazine, 1777, p. 317.

formed in the dark. And this method of making a Puncture in *Perinæo*, is there suggested to have not even occurred to Mr. S. SHARP.

However, as in the course of this pamphlet it will be necessary to lay before my readers a description of all the operations hitherto described or performed for evacuating the Urine, when it cannot be drawn off by the *Catheter*; I believe it will plainly appear to the reader, that Mr. S. SHARP has described the method of performing that *very operation*, which is said never to have occurred to his thoughts.

The operation above the *Os Pubis*, consisting of nothing more than making a Puncture with a curved *Trocar* in a *Canula*, about an inch and a half above the *Os Pubis*, leaving behind, and properly securing the *Canula* afterwards, so as (if possible) not to be displaced, and the objections to it being mentioned in Monsieur FLURANT's memoir; there needs no more to be said of it, than that it is preferred by Mr. S. SHARP to any Punc-

ture *per Perinæum*; though he acknowledges that he has seen an instance where the point of the *Canula* has made its way through the bottom of the Bladder into the *Rectum*, and produced a disease which terminated in the patient's death.

The old or common method of making a Puncture *in Perinæo* is thus described by Mr. S. SHARP, p. 37, in his *Treatise of the Operations of Surgery*, 8th edition: " The manner of doing it as
 " described by many writers, is by pushing a common *Trocar* from the place
 " where the external wound in the old
 " way of cutting (*for the Stone*) is made
 " into the cavity of the Bladder, and so
 " procuring the issue of water through
 " the *Canula*; but others refining upon
 " this practice, have ordered an incision
 " to be carried on from the same part
 " into the Bladder, and then to insinuate
 " the *Canula*; but in my opinion both
 " the methods are to be rejected in favour
 " of an opening a little above the *Os*
 " *Pubis*; for besides, that it is *not easy*
 " to guide the instrument through the
 " *Prostate*

“ *Prostate Gland* into the Bladder, the
 “ necessity of continuing it in a part al-
 “ ready very much inflamed and thick-
 “ ened, *seldom* fails to do mischief and
 “ even to produce a mortification. OR
 “ (*Critical Enquiry*, p. 118. 1750,) they
 “ carried it between the *Accelerator Uri-*
 “ *næ*, and *Erector Penis* Muscles, about
 “ an inch from the seam of the *Peri-*
 “ *næum*, INTO THAT PART OF THE
 “ BLADDER WHICH IS BETWEEN THE
 “ PROSTATE GLAND AND THE INSER-
 “ TION OF THE URETER; when the
 “ *Trocar* was introduced into the Blad-
 “ der, they withdrew the *Perforator*,
 “ and left the *Canula* in the wound, till
 “ they had reason to believe the cause of
 “ the suppression was removed; and if this
 “ method is to be performed, I would
 “ advise the fore-finger of the left hand
 “ to be introduced up the *Rectum* to feel
 “ the *Prostate*, as it will be an excellent
 “ guide for the direction of the *Trocar*,
 “ which must be carried parallel to the
 “ *Rectum*, a little above and on one side
 “ of the finger.”

This

This is the operation, I judge, which is said to be *so easy* in the *Gentleman's Magazine*, and which I suppose Mr. FLURANT intended to perform upon the first patient he made the Puncture *per Anum* on.

There is another way likewise mentioned by Mr. S. SHARP, of discharging the urine by introducing a *Canula*, p. 121, *Critical Enquiry*: "after cutting open the Urethra from that part of the *Perinæum*, where cutting (*for the Stone*) is performed by the greater *Apparatus*, and continuing the incision through the neck of the Bladder; which they have done by the help of a grooved staff, where it was practicable, and where strictures of the *Urethra* prevented the introduction of a staff, they have either cut according to the best of their judgments without any guide, or have pushed in a *Trocar* with a grooved *Canula*, and cut upon the *groove*; when the incision was made they passed a *Gorget*, and by that means a silver *Canula*, round which they twisted some
" fine

“ fine rag that it might lie easy in the
 “ wound. The objections to these ways,
 “ *besides the difficulty* of doing them, are
 “ nearly the same with that of the other
 “ methods.”

It is only necessary to observe, that in all these methods the patient should be placed in the same position as he is when the operation of *Lithotomy* is performed, and that when there has been occasion to have recourse to them, it has been deemed necessary to call upon the most able operators of *Lithotomy* to perform the operation.

Mr. S. SHARP has described the manner of doing these operations with great exactness and perspicuity, nevertheless, if the best *Lithotomists* with the assistance of a Staff and Gorget in cutting for the Stone, *sometimes* fail of getting into the Bladder; *sometimes* go through both sides, and *sometimes* wound the *Rectum*: Does not this plainly demonstrate the *difficulty* of making a safe and proper perforation of the Bladder, through the *Perinaeum*? Especially without any other guide than a knowledge

knowledge of the parts, which may not be the same in all people, the Bladder in particular (as Mr. FLURANT has before observed) frequently differing in size, which must affect in some degree its situation, especially when distended beyond its usual dimensions. Hence it follows there will be always uncertainty, and sometimes danger; for if, in *Lithotomy*, where a large external incision assists us to discover and come at the divided vessel, so as to make a ligature, all operators are not equally dextrous in the application of it; and pressure or styptics too often disappoint us; if we should happen to wound a Vessel in making a Puncture, dilated as it may be at that time, how are we to stop the bleeding? If the Puncture is plugged up, there will be no exit for the urine, and your first intention of emptying the Bladder is frustrated; it even may bleed internally, and the patient run a great hazard of perishing that way; on the other hand, if you make a large external incision, to enable you to discover and come at the wounded Vessel,

then

then the operation becomes equal to the first process in *Lithotomy*; if an incision is made previous to the Puncture, then, as said before by Monsieur FLURANT, the operation is a kind of Demi-Taille, called by the French Surgeons *La Boutonnière*, or the BUTTON-HOLE: Should the Puncture between the *Prostate Gland*, and the insertion of the *Ureter* be attempted, it will be a very fortunate operation to make a perforation into the Bladder ONLY, and hurt no other parts; and after our hopes and expectations have been fully gratified in that respect, we have still the difficulty remaining of fixing a *Canula* there; and as the Puncture is made far into the Bladder, *that difficulty* will be more enhanced; for we find from the history of performing the operation of *Lithotomy*, according to Professor RAU's method, that after the Bladder had been filled enough to enable the operator to cut into it, as soon as the fluid was evacuated, the Bladder collapsed and withdrew from the external orifice, so that the urine dripping from the Bladder,

between

between it and the *Rectum*, often occasioned abscesses, and terminated in the patient's death, after a lingering and painful illness. This most probably would be the case, were the *Canula* once displaced, though there should happen to be a successful introduction of the *Trocar* into the Bladder; and I think to keep it securely fixed *there*, would be attended with more difficulty than to keep it in the *Rectum* and Bladder, after the Puncture *per ANUM*.

I shall now proceed to lay before the public *my Question* made to seven able and experienced Surgeons, one belonging to each of the following hospitals, St. Bartholomew, St. Thomas, Guy, Westminster, St. George, London, and Middlesex, and as much of their answers as immediately relates to the question.

Q U E S T I O N.

“ In a Suppression of Urine, where
 “ the *Catheter* cannot be introduced,
 “ have

“ have You ever performed the opera-
 “ tion, commonly called the Puncture in
 “ *Perinæo*, or seen it done in your hos-
 “ pital, by making a perforation through
 “ the *Perinæum* into the Bladder, near
 “ its *Cervix*, on the side of the *Profs-*
 “ *tate Gland* between it, and the insertion
 “ of the *Ureter*, without wounding that
 “ Gland; and can it not only *safely* but
 “ *easily* be done?

“ As this question is of public import,
 “ and not to gratify an idle curiosity, I
 “ hope for your answer; and you may be
 “ assured that your name shall be con-
 “ cealed if you desire it.”

One answers in the following words:
 “ I have never seen that operation done,
 “ but I believe it is practicable, yet it
 “ ought never to be done but by a person
 “ who is well informed of the anatomy
 “ of the parts, and in a case of the last
 “ extremity.”

A second: “ I have never known
 “ in the course of my practice more than
 “ two

“ two instances, where an opening was
 “ made into the Bladder to evacuate the
 “ urine. In one instance the opening
 “ was made by means of a *Trocar* above
 “ the *Os Pubis*; in the other instance an
 “ opening was made through the *Rectum*
 “ into the Bladder by means of an in-
 “ strument adapted to that purpose; in
 “ the first instance the man recovered;
 “ in the second the man died *. *In my*
 “ *opinion, an attempt to perform the operation*
 “ *in PERINÆO is ALWAYS improper for*
 “ *obvious reasons.*”

“ A *third* gentleman desired me to call
 “ on him, and he would give me *any sa-*
 “ *tisfaction in his power*; I waited on him
 “ accordingly Dec^r. 2, 1777, and he told
 “ me, he had seen the Puncture in *Peri-*
 “ *næo* attempted three or four times, but
 “ it ALWAYS failed, the operator not get-
 “ ting into the Bladder.”

A *fourth* answers me thus: “ I cannot
 “ speak from experience of the Puncture

* This was one of the two hospital cases mentioned
 hereafter, p. 38, 1st case.

“ in *Perinæo*, having neither done it, nor
 “ seen it done ; nor did I ever meet with
 “ any case of suppression that I could not
 “ relieve either by the *Catheter* or *Bougie*
 “ but one, and then I neither used the
 “ Puncture in *Perinæo*, nor that above
 “ the *Os Pubis* *, but discharged the urine
 “ by a Puncture through the *Rectum*.”

A fifth : “ I must confess to you, Sir,
 “ that I never made the Puncture in *Pe-*
 “ *rinæo* in a living subject, or saw it
 “ done by any other ; but was there from
 “ a Suppression of Urine a necessity for
 “ an operation, I should not hesitate
 “ about cutting in the *Perinæum*, as in
 “ *Lithotomy*, and then endeavour to force
 “ through the natural passage of the *Ure-*
 “ *thra* into the Bladder ; if unsuccessful,
 “ I should now too expect an opportunity
 “ of distinguishing the *Prostate* Gland,
 “ from its peculiar surface and texture,
 “ and of avoiding it ; and unless preter-
 “ naturally enlarged, have an easy op-
 “ portunity, I verily believe, of making

* The other, p. 38, 2d case.

“ a Punc-

“ a Puncture into the cavity of the Bladder.”

The *sixth* gentlemen gave me two letters on the subject; extracts of which here follow: “ I am sorry I cannot satisfy you
“ respecting the operation you enquire
“ about: I never performed it, nor ever
“ saw it performed;---where a staff in
“ the *Urethra* can be a direction I would
“ certainly use it; wounding the *Prostate*
“ is of no consequence, and I should prefer wounding it to any other part.”

In his second letter he says: “ I shall
“ always be ready to give you what information is in my power when I can
“ do it with certainty---it is not impossible to perform the operation described,
“ because the parts are there to be
“ wounded; but I say IT IS IMPOSSIBLE
“ for any one to do it twice in the same
“ way, therefore why recommend an
“ operation that cannot be permanent,
“ and at all times practicable?”

The *seventh* says: “ I have never had
“ occasion to perform the operation in
“ *Perineo* in a Suppression of Urine;

“ in those violent Suppressions of Urine,
 “ where no instrument can possibly be
 “ introduced, and where a long reten-
 “ tion threatens the life of the patient,
 “ I own I should not recommend the
 “ Puncture in *Perinaeo*; though, by an
 “ operator who knows the parts well,
 “ it *might* be done with safety; but my
 “ objection is the making of a wound
 “ in a part highly inflamed; were it a
 “ patient of my own I should prefer
 “ making a Puncture above the *Os Pu-*
 “ *bis*; or else making a Puncture through
 “ the *Rectum* into the Bladder, beyond
 “ and clear of the *Prostate* Gland. The
 “ operation you mention in *Perinaeo*,
 “ may, in my opinion, be done very
 “ safely, but *not easily*, and requires a
 “ perfect knowledge of the parts. It has
 “ never been performed since I belonged
 “ to the hospital by myself, or any of my
 “ brother Surgeons that I know of.”

These gentlemen, though differing in
 some respects, however, all agree that
 any Puncture in *Perinaeo* to discharge
 urine from the Bladder is an operation
 of

of difficulty, and *they have all never done it, nor seen it done, except ONE*, who has seen it attempted three or four times, but always unsuccessfully; it cannot, therefore, be an operation much practised, which, if it was very easy, would undoubtedly be the case. And the principal motive of my publication of this pamphlet, is to shew the public, that the operations hitherto described by authors, are difficult, uncertain, and even dangerous, and confined to the performance of the most skilful and adroit operators. Whereas the method I shall mention is perfectly safe, and so easy that it may be done by any Surgeon.

Previous, however, to my entering upon the recommendation of the Puncture, into the Bladder, through the *Rectum*; it will be candid, to give the public such accounts as I have heard of its ill success, upon two subjects at a great hospital, where the operation was performed by two very able Surgeons and expert Anatomists.

In the first case, a man of 40 had a Suppression of Urine, which had baffled all attempts to remove it; the *Scrotum* and parts adjacent were livid, and the *Puncture in Perinaeo* was attempted *unsuccessfully*, no urine being evacuated: on the third day a Puncture into the Bladder through the *Rectum* was made, and the urine discharged; the patient, however, died, and his friends would not let his body be opened to examine the parts.

The second case was a total Suppression of Urine in a man of 19. The operation *per Anum* was performed on the third day, which gave vent to about five pints of chocolate-coloured water. In the evening one of the strings broke which confined the *Camula*; the consequence was, it slipped out, and was never replaced. He died the 5th day after the operation. On opening the body, the *Omentum* was found much wasted, and of a dark colour; the *Intestine Canal* found, the *Kidneys* larger than common, the *Ureters* both much distended, the *Penis* swoln, œdema-

œdematous, and gangrenous; the *Corpus Spongiosum*, on cutting into it, was perfectly gangrenous. In that part of the *Urethra* near the lower edge of the *Symphysis Pubis*, was found a round smooth stone, as big as a horse-bean, surrounded with pus; the adjacent parts were in a state of suppuration, the *Testes* sound, the *Vesiculæ Seminales* not wounded, but the *Bladder* and the *Rectum*, where they were perforated, were of a dark colour, and in a gangrenous state.

It is always of importance to give Surgeons a true and just idea of any operation, and if it should happen to be one that is seldom used, and scarcely ever by Surgeons of the greatest skill and practice, it should not be attempted by others who are not equal in skill to the former. And I think it as prejudicial to the community, to mislead Surgeons to the undertaking of dangerous and difficult operations, by representing them as perfectly *safe* and *easy*, as it is to decry and discountenance an operation which has been done within

the same time successfully, oftener than the other has been fruitlessly attempted. For example in this case, six hospital Surgeons say, they have never performed the Puncture in *Perinæo*, nor seen it done; and the seventh says, he has never attempted it, and though the operation has been performed before him three or four times, the operator always failed getting into the Bladder: whereas, in less than thirty years, the Puncture through the *Rectum* into the Bladder has been performed three times with success, and the patients have been perfectly cured without any ill consequence, *viz.* twice by Monsieur FLURANT, and once by Dr. HAMILTON; it has likewise been performed three times *unsuccessfully*, the patients dying, once by Monsieur FLURANT, and twice as before mentioned in the hospital, but the urine *was always discharged by it*. It is true the patients died, but not in consequence of the operation, but from the condition the parts were in, which would have been the case most probably had any other operation been performed.

It

It is now then publickly known in this country, that this method has six times answered the Surgeon's intention of emptying the Bladder; and that the Puncture in *Perinæo* has never been performed in the hospitals of LONDON and WESTMINSTER, during the time of the before-mentioned Surgeons knowledge, even with *that* success.

These are facts, and certainly should be preferred to any conjecture or theory, though ever so plausibly and learnedly enforced; not but that I am of opinion by Monsieur FLURANT's account of the several operations, that even theory itself is in favour of the Puncture *per Anum* *, and should experience support his ideas, they have then the greatest and best sanction that can be given.

Having said thus much of the several operations, it shall be my next business to consider whether there may not be a probability of the Puncture *per Anum*

* It appears by Monsieur FLURANT's letter, received since the writing the above, that experience has given him that sanction,

being

being performed, so as to succeed, and cure the patient of the then existing retention of urine, with a very great probability and expectation of a perfect recovery.

It is well known, that the manœuvre of introducing the *Catheter* is sometimes too much for many Surgeons, in other respects men of skill and knowledge in their profession; that sometimes it is even too much for the most dextrous, owing to several causes; and that those persons whose practice gives them frequent opportunities of introducing the *Catheter*, are sometimes foiled in their attempts; and it is universally agreed that unsuccessful endeavours are prejudicial to the parts, and tend to promote inflammation by irritating, and perhaps injuring the *Urethra*, the neck of the Bladder and parts adjacent. — That, the operations of any kind for a suppression, are never performed till the introduction of the *Catheter*, and all medical means, have failed, by which time the affected parts are arrived at such a state, as to be nearly or actually

actually in a mortification; and if the operations are ever so dextrously and fortunately done, the patient's life will be still in great danger. It is likewise certain that the Puncture *per Anum* is very easy, and may be done without any difficulty or danger, and that almost every Surgeon is equal to it; that it *always discharges the confined and collected urine*, and has never failed of procuring the perfect recovery of the patient, but from the condition the parts were in by delaying the operation so long. Suppose then, that when the usual methods of medicine have failed to relieve the patient, and there is a necessity of having recourse to the Catheter, instead of those Surgeons, (who are not much used to that manœuvre,) persisting in their endeavours to introduce it, and perhaps forcing a false passage through the coats of the Urethra, (a circumstance that has happened before now to a very skilful hospital Surgeon) the Puncture into the Bladder *per Anum* should be made; and that the rule to guide the Surgeon to the performance of
this

this operation, be an introduction of the finger into the *Rectum*, and feeling for a prominency, or protuberance of the Bladder, which being discovered, will plainly point out the place where the Puncture should be made, observing this mode of perforating it, *viz.* to make the Puncture in the upper or farther part of the protuberance, and as nearly in the center as possible. As the parts at that time have not been irritated, or injured by ineffectual attempts to introduce a *Catheter*, very probably they will be no more inflamed, than what, after the evacuation of the urine, will easily yield to the medicines and applications usual in such cases, as bleeding, warm baths, fomentations, and bladders filled with warm water applied to the Abdomen, opening and emollient clysters and opiates. The urine being discharged so soon, there is great reason to hope and expect the patients perfect recovery by the proper application of *Bougies*; and if this method (which may safely be tried) does not succeed, the introduction of the *Catheter*

theter surely will not ; and, I think, there is more danger to be apprehended from using that instrument unskilfully, than there is in perforating the Bladder through the *Rectum*. Further, to enforce what Monsieur FLURANT says, of our having got rid of our fears of wounding membranous parts, let us reflect upon the safety and frequency of discharging the water in a *Hydrocele* by a Puncture, which is scarcely ever known to hinder a person one day from returning to laborious occupations. A Puncture and an Incision differ considerably in their reunion, one is almost always cured immediately, and the other takes some days to unite, and not unfrequently is attended with pain, inflammation, and suppuration. If the *Tunica Vaginalis Testis*, then may be wounded without fear, where (supposing it not done) there is no danger of life ; surely, in cases of a total and unconquerable suppression of urine, where life is at stake, the *Rectum* and Bladder may ; and we are assured that there is no danger in keeping them open for a few days,

days, though the Punctures in the *Scrotum* are immediately closed. After the operation has been performed twenty-four hours, if we find the patient can retain or discharge his urine at pleasure *per Anum*, and the obstruction is nearly removed in the natural passage, we may safely remove the *Canula*; but if the urine continues to dribble away, and there is no appearance of its resuming its passage through the *Urethra*, I think the *Canula* should remain in till the natural course is restored. Upon all these considerations, I cannot help recommending the evacuating the urine by this method *early* in the disease; for reflecting either upon its success as Dr. HAMILTON relates it, or according to Monsieur FLURANT's account, it seems preferable to any of the Punctures in *Perineo*, or that above the *Os Pubis*; less painful and alarming than even the introduction of the *Catherter*, and may be often performed upon the patient if thought proper, even without his knowledge, under a pretence of giving him a clyster; the fears of any dangerous

dangerous or troublesome consequences appear to be groundless, and though it may not at all times equal our sanguine expectations, yet, as it may be done by almost every Surgeon, it is a valuable discovery, and may possibly preserve the lives of unfortunate persons, who being either in country villages, or ships, may not be able to procure any other aid than what is upon the spot; and notwithstanding the great improvements that have within these few years been made in the education of Surgeons, *it is possible* that in the country, the army and navy, there may be practitioners able in every other respect, yet unequal to any operation or manœuvre for a suppression of urine, but *this* of making a Puncture through the *Rectum*.-----What an advantage to the community, then, to have a remedy so readily at hand in those dangerous cases which hitherto has been reserved for the most eminent Surgeons, and *that* very seldom performed with success. Indeed, there appears to me so much reason in it, that should any case of the kind happen
to

to a patient of mine, where it was judged necessary to obtain an artificial *exit* for the urine, instead of sending for any skilful operator to perform either the Puncture in *Perinaeo*, or above the *Os Pubis*, I should not hesitate to recommend, or perform the Puncture through the *Rectum*, if there was any place that shewed a prominency.

In the foregoing pages I have delivered my sentiments freely, and though I was conscious that my name would add no weight to the doctrine, I hoped that the merits would be impartially and maturely considered, and that if they were so, it would be of service to mankind whatever side men of judgment and skill inclined to; but an unexpected circumstance has happened, which as it has stamped my opinion with the seal of experience, very naturally has given me great pleasure.

Books or essays upon subjects of surgery, very often meet with a more or less favourable reception from the generality, according to the name of the person who

is the author of them, and under whose consideration those subjects have fell, and very justly for the most part; for Surgeons seldom obtain the good opinion of the youth of their profession without real merit; and if such a man communicates his experience, knowledge, and sentiments to the world, it ought, and for the most part, does meet with applause, and is received as a guide and an authority for the practice it recommends; such a sanction I can now give for my opinion, for while these thoughts were committing to paper, I was in hopes that some gentleman who corresponded in *France*, would, in consequence of my hints given in the *Gentleman's Magazine* for September 1777, have enquired whether the Puncture into the Bladder, through the *Rectum*, was in use and repute there; as twenty years experience must have either approved or rejected this method, recommended and practised so long ago by Monsieur FLURANT; but not finding nor hearing of any thing of that kind going forward, I determined to write a

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letter

letter *addressed* to Dr. POUTEAU, Physician at LYONS, and (in case he should be dead,) to Monsieur FLURANT, chief Surgeon to the *Hôpital de la Charité*; in which I requested to know, as a matter interesting to mankind, and at present a disputable affair among Surgeons in BRITAIN, the success attending the operation, and if it still was in practice and repute there; to which I received an answer, which, for the more extensive use is here given in *English*, as well as in the original *French*.

De Lyon, ce 20me Janv. 1778.

MONSIEUR,

C'EST fort à propos que vous avez eu la precaution de substituer votre lettre à une autre personne en cas de mort, puis qu'en effe til y a quelques années que nous avons perdu Monsieur POUTEAU mon confrere, & plus encore, mon ami; & je puis affirmer que cela a été une perte pour le public, & pour la chirurgie: cette circonstance me procure l'avantage de votre

tre correspondance, je dis l'avantage, parce que en trouvant l'auteur de la methode dont vous parles, je pourrais vous donner plus parfaitement, tous les eclaircissements que vous demandes ; & si j'ai differé jusques à present, c'est par la raison qu'ayant fait cette operation le mois dernier, à un malade fort agé, dont la vessie & l'Urethre estoient en fort mauvais état, je voulois vous en marquer le succès.

Cette operation se pratique souvent dans cette ville notamment à l'hôpital, & elle a toujours été heureuse : j'ai aussi recue avis de plusieurs chirurgiens etrangers qui mont marqué l'avoir faite avec succès, entr'autres le celebre Docteur CAMPER, d'Hollande, qui m'a fait meme demander de lui envoyer l'instrument ; mais il faut vous dire que j'ai fait des corrections essentielles à l'instrument, qui le rendent different de celui que vous avez vu gravé.

1, Je mets six lignes de plus pour la longueur, ayant reconnu qu'il y avoit des sujets dans lesquels j'avois peine à atteindre la partie de la vessie qui doit

etre balonnée, & que ce n'est que dans cette partie qu'il convient de faire la ponction. 2°, Je fais faire le manche un peu plus long, & plus fort, ce qui donne plus de facilité à pousser toujours en baissant le poignet pour entrer plus sûrement dans la vessie. 3°, J'ai fait construire la *Canulle brisée & elastique comme les algalies brisées*. Cette dernière forme est essentielle, en ce que cette *Canulle* se pretant à la direction du *Rectum* & de l'*Anus*, blesse moins ces parties, et surtout qu'elle est moins exposée à se deloger desagrement, qui j'avois éprouvé cy devant ; enfin j'ai fait supprimer le grand pavillon, que j'ai reconnu n'être point nécessaire pour empêcher la *Canulle* de trop entrer dans l'intestin, puis qu'au contraire elle a toujours plus de disposition à en sortir ; j'ai substitué un petit pavillon ovale avec deux ouvertures, servant à passer un lien de chaque coté qui assujettit la *Canulle* à une ceinture.

A l'égard de l'operation que je viens de faire, & dont je voulois vous rendre comte, le malade etoit âgé de 70 ans, avoit

avoit des fungosités dans l'Uretre qui donnoient une si grande quantité de sang lors que l'on introduisoit la sonde, que ce dernier accident m'engagea à pratiquer la ponction, & comme la vessie n'étoit point assez pleine pour en sentir le ballonnement dans le *Rectum*, j'y injectais de l'eau tiède une suffisante quantité, & l'operation reussit, car elle seroit impraticable quand la vessie est vuide, la maladie de l'*Urethre* a été traitée avec les Bougies, mais la *Canulle* a restée en place trente neuf jours sans inconvenient; apres ce tems les urines commençant à passer par la route naturelle, la *Canulle*, que je me propoisois d'oter, est sortie d'elle meme dans une evacuation du ventre, & il n'est resté au malade aucune incommodité; il est vrai qu'il avoit eu comme cela fedit la precaution d'y tenir le doigt dessus, lors qu'il alloit du ventre ce qu'il avoit negligé la dernière fois, attendre que la *Canulle* n'étoit plus nécessaire.

Au reste il n'y a selon ce que je puis sçavoir aucun autre ouvrage sur cet instru-

ment, je scais seulement que le Docteur *Camper* l'a fait graver dans ses fameuses tables d'Anatomie Pathologique, où il parle aussi de la methode : notre Academie de Chirurgie de Paris, à qui je l'avois envoyé, en a seulement fait mention dans ces discours publics, mais elle n'a point donné la dissertation entier, piquées, de ce que je l'avois fait inserer dans le meme tems dans les *Melanges de Monsieur POUTEAU*.

Voilà Monsieur les documens que je puis donner sur ce sujet, je souhaite que vous en foyes content, desirant comme vous le bien de l'humanité, comme aussi les progrès de l'art, mais desirant encore plus, avoir part à votre estime, & me trouvant flatté d'avoir eu une occasion de vous assurer des sentimens d'estime avec lesquels j'ai l'honneur d'etre,

MONSIEUR,

Votre tres Humble Serviteur,

FLURANT.

Lyons,

Lyons, Jan. 20th, 1778.

S I R,

YOUR precaution in directing your letter to another person, in case of the death of one, was very right; for, in fact, it is some years since we lost Monsieur POUTEAU my colleague, and what is more my friend. And I may truly say, that it was a loss both to the public and to surgery.

This circumstance, however, procures me the advantage of your correspondence; I call it advantage, because in finding out me, the Author of the method you speak of, I am enabled to give you more exactly all the information you desire; and my reason for deferring it till now was, because I was desirous of informing you of the success of this operation; which I performed last month upon a patient very much in years, whose Bladder and *Urethra* were both in a very bad state.

This operation is very frequently performed in this city, particularly at the

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hospital,

hospital, and it has been *always* successful; I have received accounts besides from many foreign surgeons, of their having performed it with success; amongst others the celebrated Dr. *Camper*, of Holland, who also desired me to send him the instrument; but it is necessary for me to tell you, that I have made some very essential alterations in it, so that it differs greatly from what you have seen engraved. 1st, I make it six lines longer, for I have met with some cases, where it was with difficulty I could reach that part of the Bladder which should protuberate, and where only it is proper to make the Puncture. 2dly, The handle is made a little longer and stronger, by which means it is more easily pushed in, always lowering the wrist, to be more certain of entering the Bladder. 3dly, I make the *Canula* * *brisée* and elastic, like the flexible Catheters; which last form

* This French word I have not been able to find an exact translation of; the most like it, is *portes brisées*, folding doors.

is essential, because it permits the *Canula* to conform itself to the direction of the *Rectum* and *Anus*, hurts the parts less, and above all avoids being displaced, a disagreeable circumstance I had previously met with. Lastly, I have left off the great shoulder, as I have found it no longer necessary to prevent the *Canula* from going too far into the intestine, there being more likelihood of its coming out, and I have substituted in its place a small oval shoulder, with two holes in it to pass a string through, and secure the *Canula* to a girdle.

In regard to the operation I performed lately, and of which I shall now give you an account: The patient was 70 years old, had excrescences in the *Urethra*, which effused so great a quantity of blood when the Catheter was introduced, that this last circumstance induced me to perform the Puncture, and as the bulging out of the Bladder was not perceptible from its not being full enough, I injected a sufficient quantity of warm water, and the operation succeeded,
for

for it is impracticable when the Bladder is empty. The disease of the *Urethra* was treated with *Bougies*, and the *Canula* was left in thirty-nine days without any inconveniency, after which time the urine beginning to come the right way, the *Canula* (which I proposed removing) came out of itself in a stool, without any inconvenience happening to the patient; indeed, when he went to stool, he always held his finger upon it, which the last time he neglected to do, thinking the *Canula* no longer necessary.

I do not know of any other description of this instrument, only that Dr. CAMPER has given an engraving of it in his celebrated tables of Pathological Anatomy, where he also mentions this method of operating. The Academy of Surgery at PARIS, to whom I sent it, has only mentioned it in the memoirs which are published, but has not given my whole dissertation, piqued, I suppose, because I inserted it at the same time in the *Mélanges de Monsieur POUTEAU*.

You

You have here, Sir, all the information I can give you upon this subject; I hope it will prove satisfactory to you, being, as well as you, desirous of promoting the good of mankind, and the progress of Surgery; besides, wishing to have a share in your esteem, and flattering myself in having had an opportunity of assuring you of the sentiments of esteem, with which I have the honour to be,

S I R,

Your most Humble Servant,

F L U R A N T.

This letter (so obliging to me, and so important to the welfare of mankind, conveying intelligence which confirmed my opinion by experience, and that in a more sanguine manner than the utmost of my expectations could amount to, by saying it had *never* failed, and might be performed sometimes even before the suppression had continued so long as to make
the

the Bladder bulge out, by injecting of warm water into the Bladder, till it was full enough to project and point out the place for the Puncture) is now laid before the public for their information; and the alteration made in the *Canula*, contributing so essentially towards its success, and removing those objections founded upon the difficulty of its being retained in the *Anus*; with its remaining there for thirty-nine days without any ill consequence, entirely overcomes all dread of the Puncture continuing ever after open, and the urine discharging continually thro' the Anus; though that is frequently the consequences of tumors and mortifications in *Perinaeo*, and yet is never put in competition with preserving life.

As therefore it may now become an operation in practice, the following instructions how to perform it cannot be improper to be given to *some* Surgeons, which I hope will prove beneficial and serviceable to the community, and thereby answer the desires and views of the Author.

To

To perform this operation, after the Intestine has been thoroughly emptied by previous clysters, if the patient can be removed from his bed, he should be placed on a table covered with blankets, and his legs held back as in Lithotomy; the *Abdomen* just above the *Os Pubis* must be gently pressed, to make the fluid in the Bladder flow downwards towards the *Rectum*, the fore-finger of the left hand being oiled, must be introduced up the *Rectum*, and the bulging out of the Bladder felt for; which being discovered, the *Trocar* must be passed upon the finger, (the point within the *Canula*,) till it is arrived at the place felt fit for the operation; then pushing forward the *Trocar* and *Canula* as in the *Paracentesis*, the *Rectum* and Bladder will be perforated, and withdrawing the *Trocar* (the *Canula* remaining,) the urine may be evacuated to the last drop. When that is done, the *Canula* is to be securely fastened by a piece of tape run through the two holes, to a girdle round the waist, about two inches broad,

broad, made of dimitty, lined with flannel.

Compresses are to be placed so as to fill up the vacuity, and the whole secured with the T bandage. When the patient wants to go to stool, which he should abstain from as long as he can, the T bandage and compresses are to be removed, and the *Canula* must be sustained in its position by the finger. After the inflammation is gone off, and the obstruction in the natural passage removed, so that the urine can flow freely through the *Urethra*, the *Canula* may be withdrawn, and the Punctures suffered to heal as soon as possible. One thing is necessary to be observed, *viz.* if the patient cannot retain the urine, as it happened in Dr. HAMILTON's subject, the *Canula* should be stopped either with a small phial cork, or a piece of wood, which may be taken out occasionally. A light slender diet, such as will neither occasion much straining to evacuate hard *fæces*, nor promote too frequent expulsion of them, will be necessary, and a quiet steady

steady position by the patient, that the *Canula* may not be displaced, a circumstance which has happened, and may prove of very bad consequence. By a punctual observance of this method, experience has given us reason (nay I may say authority) to hope for an easy, safe, and effectual cure of a disease of which numbers have died, and a remedy in the power of almost any practitioner to apply upon the necessary emergency.

F I N I S.

1817
The first of the year, 1817,
was not a very successful one,
and many of the people
were disappointed. The
weather was very bad,
and the crops were
very poor. The
people were very
satisfied with the
year, and the
government was
very happy to
see the people
so satisfied.

F I N I S